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| APPLICATION NO. FILING DATE |                 | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO |  |
|-----------------------------|-----------------|----------------------|---------------------|-----------------|--|
| 09/929,870                  | 08/14/2001      | Michael Schwartz     | 91-95E              | 8997            |  |
| 23713                       | 7590 10/05/2004 | EXAMINER             |                     |                 |  |
|                             | WINNER AND SUL  | BHAT, NINA NMN       |                     |                 |  |
| SUITE 201                   | ITTAN CIRCLE    | ART UNIT             | PAPER NUMBER        |                 |  |
| BOULDER, CO 80303           |                 |                      | 1764                |                 |  |

DATE MAILED: 10/05/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 1: 4                                                                                                    | iam Na                                                                                                    |                                                                          |              |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|--|--|--|
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Applicat                                                                                                  | ion No.                                                                                                   | Applicant(s)                                                             | 4            |  |  |  |
|                                                                                                                                                                                        | Office Action Summer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 09/929,8                                                                                                  | 70                                                                                                        | SCHWARTZ ET AL.                                                          |              |  |  |  |
|                                                                                                                                                                                        | Office Action Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Examine                                                                                                   | r                                                                                                         | Art Unit                                                                 |              |  |  |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N. Bhat                                                                                                   |                                                                                                           | 1764                                                                     |              |  |  |  |
| Period fo                                                                                                                                                                              | The MAILING DATE of this communication or Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n appears on th                                                                                           | e cover sheet with the d                                                                                  | correspondence address                                                   | ;            |  |  |  |
| I HE - Exte after - If the - If NO - Failu Any                                                                                                                                         | ORTENED STATUTORY PERIOD FOR R MAILING DATE OF THIS COMMUNICATION IN THE PROPERTY OF THIS COMMUNICATION IN THE PROPERTY OF THIS COMMUNICATION IN THE PROPERTY OF THE PROPERTY OF THIS COMMUNICATION IN THE COMMUNICATION IN THE COMMUNICATION | ON. FR 1.136(a). In no evon. a reply within the stareriod will apply and wistature, cause the apprenance. | rent, however, may a reply be tin<br>tutory minimum of thirty (30) day<br>rill expire SIX (6) MONTHS from | nely filed s will be considered timely. the mailing date of this communi | cation.      |  |  |  |
| Status                                                                                                                                                                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| 1) 又                                                                                                                                                                                   | Responsive to communication(s) filed on j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14 August 2001                                                                                            | ,                                                                                                         |                                                                          |              |  |  |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| 2a) ☐ This action is <b>FINAL</b> . 2b) ☐ This action is non-final.  3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| ,                                                                                                                                                                                      | closed in accordance with the practice und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | der Ex parte Ou                                                                                           | iavle 1935 CD 11 AF                                                                                       | SECULION AS TO THE MEN                                                   | ts is        |  |  |  |
| Dispositi                                                                                                                                                                              | on of Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | soi Expante Qu                                                                                            | layle, 1909 C.D. 11, 45                                                                                   | 55 O.G. 215.                                                             |              |  |  |  |
| · .                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                         |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | Claim(s) <u>1-31</u> is/are pending in the applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | - 11 - 0                                                                                                  |                                                                          | ·            |  |  |  |
|                                                                                                                                                                                        | 4a) Of the above claim(s) is/are with Claim(s) is/are allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iarawn from co                                                                                            | nsideration.                                                                                              |                                                                          |              |  |  |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | Claim(s) <u>1-31</u> is/are rejected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | Claim(s) is/are objected to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . 17 1 41                                                                                                 |                                                                                                           |                                                                          |              |  |  |  |
| 0)[                                                                                                                                                                                    | Claim(s) are subject to restriction a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | na/or election r                                                                                          | equirement.                                                                                               |                                                                          |              |  |  |  |
| Applicati                                                                                                                                                                              | on Papers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| 9)[                                                                                                                                                                                    | The specification is objected to by the Exar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | miner.                                                                                                    |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | The drawing(s) filed on <u>14 August 2001</u> is/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | oted or b) objected t                                                                                     | o by the Examiner                                                        |              |  |  |  |
|                                                                                                                                                                                        | Applicant may not request that any objection to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the drawing(s) b                                                                                          | e held in abevance. See                                                                                   | 37 CFR 1.85(a)                                                           |              |  |  |  |
|                                                                                                                                                                                        | Replacement drawing sheet(s) including the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                           |                                                                          | 21/4)        |  |  |  |
| 11)[                                                                                                                                                                                   | The oath or declaration is objected to by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e Examiner. No                                                                                            | ite the attached Office                                                                                   | Action or form PTO-153                                                   | 2 1(u).<br>D |  |  |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | no and anathog office                                                                                     | Action of 10111 F 10-132                                                 | ۷.           |  |  |  |
|                                                                                                                                                                                        | nder 35 U.S.C. § 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| 12) A                                                                                                                                                                                  | Acknowledgment is made of a claim for fore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eign priority und                                                                                         | ler 35 U.S.C. § 119(a)                                                                                    | -(d) or (f).                                                             |              |  |  |  |
|                                                                                                                                                                                        | ☐ All b)☐ Some * c)☐ None of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | 1.☐ Certified copies of the priority docum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
|                                                                                                                                                                                        | 2. Certified copies of the priority documents have been received in Application No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| ;                                                                                                                                                                                      | 3.☐ Copies of the certified copies of the properties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oriority docume                                                                                           | nts have been receive                                                                                     | d in this National Stage                                                 |              |  |  |  |
|                                                                                                                                                                                        | application from the International Bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                           | •                                                                        |              |  |  |  |
| * S                                                                                                                                                                                    | ee the attached detailed Office action for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | list of the certif                                                                                        | ied copies not received                                                                                   | d.                                                                       |              |  |  |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| Attachment(                                                                                                                                                                            | s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| Notice                                                                                                                                                                                 | of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | 4) Interview Summary (                                                                                    | PTO-413)                                                                 |              |  |  |  |
| <ol> <li>∠) Motice</li> <li>∑) Inform</li> </ol>                                                                                                                                       | of Draftsperson's Patent Drawing Review (PTO-948)<br>ation Disclosure Statement(s) (PTO-1449 or PTO/SB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (0.0)                                                                                                     | Paper No(s)/Mail Dat                                                                                      | e                                                                        |              |  |  |  |
| Paper                                                                                                                                                                                  | auon Disclosure Statement(s) (PTO-1449 or PTO/SB,<br>No(s)/Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (UB)                                                                                                      | 5) Notice of Informal Pa<br>6) Other:                                                                     | tent Application (PTO-152)                                               |              |  |  |  |
| . Patent and Tra                                                                                                                                                                       | demark Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                           |                                                                          |              |  |  |  |
| TOL-326 (Re                                                                                                                                                                            | . 4.04)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e Action Summar                                                                                           | y Part                                                                                                    | of Paper No./Mail Date 2004                                              | 0930         |  |  |  |

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## **DETAILED ACTION**

1. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. See *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970);and, *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent is shown to be commonly owned with this application. See 37 CFR 1.130(b).

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

2. Claims 1-14 and 19-31 are rejected under the judicially created doctrine of obviousnesstype double patenting as being unpatentable over claims 1-3, 10 and 21-34 of U.S. Patent No. 6,355,09. Although the conflicting claims are not identical, they are not patentably distinct from each other because both the application and the '093 patent claim a membrane for use in a catalytic membrane reactor which comprises a mixed metal oxide having the stoichiometry: A2-<sub>x</sub>La<sub>x</sub>B<sub>2-v</sub>Fe<sub>v</sub>O<sub>5+z</sub> wherein A is an alkaline earth metal ion or mixture of alkaline earth metal ions, B is a metal ion or mixture of metal ions where the metal is selected from the group consisting of 3d transition metals, or the group 13 metals, x and y, independently of one another are numbers equal to or greater than zero and less than 2 and z is a number that renders the compound neutral. The membrane can also be made a mixed metal oxide having the stoichiometry of Sr<sub>2</sub>. <sub>x</sub>La<sub>x</sub>Ga<sub>2-v</sub>C<sub>v</sub>O<sub>5+z</sub>. The difference between the instant application and that of the '093 patent is that the catalytic membrane of the '093 patent has a specific there dimensional structure the 3-d structure has not be specifically claimed in the instant application and to modify the catalyst membrane to include an oxidation and reduction zone, an adherent catalyst layer and threedimension catalyst would have been obvious as the membrane of the instant application is broad enough to encompass the structure as claimed in the '093 application and thus would

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have been an obvious modification based on the type of application and type of reactor being used. The catalytic stoichiometry for the catalytic membrane are the essentially the same in both the application and the '093 patent and not patentably distinct.

- 3. Claims 1-31 are rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claims 1-50 of U.S. Patent No. 6,033,632. Although the conflicting claims are not identical, they are not patentably distinct from each other because both the instant invention and that of the '632 patent claim a solid state oxygen anion and electron mediating membrane for use in catalytic membrane reactors for promoting partial or full oxidation of different chemical specifies, for decomposition of oxygen containing species and for separation of oxygen from other gases. The solid state materials include mixed metal oxide compounds having the stoichiometry of  $A_{2-x}La_xB_{2-y}Fe_yO_{5+z}$  wherein A is an alkaline earth metal ion or mixture of alkaline earth metal ions, B is a metal ion or mixture of metal ions where the metal is selected from the group consisting of 3d transition metals, or the group 13 metals, x and y, independently of one another are numbers equal to or greater than zero and less than 2 and z is a number that renders the compound neutral. The membrane can also be made a mixed metal oxide having the stoichiometry of  $Sr_{2-x}La_xGa_{2-y}C_yO_{5+z}$ . The difference between the instant application and that of the patent is that in the '632, the claim specifically recites a reduction surface which in operation in a catalytic membrane reactor contacts an oxygen containing gas and oxidation surface which in operation in a catalytic membrane reactor contacts a reactant gas a partial vacuum or an oxygen deplete gas which is the inherent function or conditions which would exist when the solid state membrane is used in a catalytic membrane.
- 4. With a timely filed and properly executed Terminal Disclaimer, this case would be in condition for allowance.

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5. The prior art made of record and not relied upon is considered pertinent to applicant's

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disclosure. Mackay et al. Van Calacar et al. and Schwartz teach mixed phase materials for the

preparation of catalytic membranes, which exhibit ionic and electronic conduction. Risdal teach

a solid multicomponent membrane for use in a reactor comprising mixed metal oxides for use in

catalytic membrane reactors for the production of synthesis gas. Balachandran et al. teach a

membrane reactor to convert methane gas into value added products.

Any inquiry concerning this communication or earlier communications from the examiner 6.

should be directed to N. Bhat whose telephone number is 571-272-1397. The examiner can

normally be reached on Monday-Friday, 9:30AM-6:00PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Glenn Caldarola can be reached on 571-272-1444. The fax phone number for the

organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private

PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Primary Examiner

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7.